



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

647.7610  
Job Sheet 186055



Part No: 647.7610

Job Qty: 10 ea

Part Name: Upper Deflector



Part Weight: 0 lbs

Status: New

Priority: Medium

Job Created: 11/9/18

Job Tracking No:

Due Date: 11/23/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV N/C SHEETS 1,2 IPP REV.A NEW ISSUE 15/07/31 JFS VERIFIED BY: DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation              | Qty    | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off     |
|-------|------------------------|--------|------------|----------|-----------|---------|-----------------------|-----------|--------------|
|       |                        |        |            |          | Setup Hrs | Run Hrs | Workcenter / Supplier | Lead Time |              |
| 90    | Start up Operation     | 10 Ea  | 11/23/18   | 11/23/18 | 0.00      | 0.00    | Start Up Machining-1  |           | DIP 18-11-19 |
| 100   | Bandsaw                | 10 pcs | 11/23/18   | 11/23/18 | 0.00      | 11.40   | Bandsaw1              |           | DIP 18-11-19 |
| 110   | CNC Vertical Machining | 10 pcs | 11/23/18   | 11/23/18 | 0.00      | 11.40   | HAAS1-1               |           | DIP 18-11-19 |
| 120   | QC                     | 10 pcs | 11/23/18   | 11/23/18 | 0.00      | 0.00    | QC1                   |           | DIP 18-11-19 |
| 130   | QC                     | 10 pcs | 11/23/18   | 11/23/18 | 0.00      | 0.00    | QC8 Machining-1       |           | DIP 18-11-19 |
| 140   | Outsource              | 10 pcs | 11/23/18   | 11/23/18 | 0.00      | 0.00    | Outsource4            |           | DEC 18-11-20 |
| 150   | Packaging              | 10 pcs | 11/23/18   | 11/23/18 | 0.00      | 0.00    | Packaging2            |           | DEC 17 2018  |
| 155   | QC                     | 10 pcs | 11/23/18   | 11/23/18 | 0.00      | 0.00    | QC5                   |           | DEC 18 2018  |
| 180   | Packaging              | 10 pcs | 11/23/18   | 11/23/18 | 0.00      | 0.00    | Packaging3-1          |           | DEC 18 2018  |
| 190   | QC21-SA                | 10 Ea  | 11/23/18   | 11/23/18 | 0.00      | 0.00    | QC21                  |           | DEC 18 2018  |

Part Op 100 - Cut Blank at 19.950" \*\*\* ONE BLANK MAKES TWO PARTS\*\*\*

Descriptions: 120 - QC1- Inspection performed by CMM Inspect on CMM as per folio CMM006. DWG REV: \_\_\_\_\_

REV: \_\_\_\_\_

130 - QC8- Inspect parts - second check

140 - Outsource process-Anodize per QSI017 4.1.10.1 Issue P/O to ATG 1- Black Anodize as per Dwg 647.7600 2- PRIME AS PER DWG, SEE NOTE #7 (\*\*DISREGARD AFTER ASSEMBLY\*\*) Certification of Conformity is required

150 - Receive & Inspect for Damage & Mat'l Certs

155 - QC5- Inspect part completeness to step on W/O

180 - Identify as per dwg & Stock Location: \_\_\_\_\_ \*\*\*IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV\*\*\*

190 - QC21- Final Inspection - Work Order Release

### Job BOM

| Part / Item           | Component Name                             | Quantity            | Operation             | Container |
|-----------------------|--------------------------------------------|---------------------|-----------------------|-----------|
| M7075T6B0.375X8.000   | 7075-T6 Plate 0.375" X 8.000", QQ-A 250/12 | 8.3200 ft (.832 ea) | 90-Start up Operation | So90187   |
| M7075 T6 50.375x8.000 |                                            |                     |                       |           |

### Job Allocations

| Operation             | Component Part      | Required | Inventory | Allocated |
|-----------------------|---------------------|----------|-----------|-----------|
| 90-Start up Operation | M7075T6B0.375X8.000 | 8        | 12        | 0         |

### Part Specifications

| Spec No | Description | Target/Tolerance | Limits | Type | Special Comments |
|---------|-------------|------------------|--------|------|------------------|
|---------|-------------|------------------|--------|------|------------------|



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |



|    |                 |                                |                  |                |
|----|-----------------|--------------------------------|------------------|----------------|
| 1  | Upper Deflector | 0.250inches $\pm$ 0.010        | 0.260<br>0.240   | 0.250 Radius   |
| 2  | Upper Deflector | 0.201inches + 0.005<br>- 0.001 | 0.206<br>0.200   | 0.201 Diameter |
| 3  | Upper Deflector | 0.177inches + 0.005<br>- 0.001 | 0.182<br>0.176   | 0.177 Diameter |
| 4  | Upper Deflector | 10.000inches $\pm$ 0.010       | 10.010<br>9.990  | 9.999          |
| 5  | Upper Deflector | 12.115inches $\pm$ 0.010       | 12.125<br>12.105 | 12.115         |
| 6  | Upper Deflector | 1.595inches $\pm$ 0.010        | 1.605<br>1.585   | 1.595          |
| 7  | Upper Deflector | 3.795inches $\pm$ 0.010        | 3.805<br>3.785   | 3.795          |
| 8  | Upper Deflector | 5.995inches $\pm$ 0.010        | 6.005<br>5.985   | 5.995          |
| 9  | Upper Deflector | 1.020inches $\pm$ 0.010        | 1.030<br>1.010   | 1.022          |
| 10 | Upper Deflector | 0.500inches $\pm$ 0.010        | 0.510<br>0.490   | 0.500          |
| 11 | Upper Deflector | 0.375inches $\pm$ 0.010        | 0.385<br>0.365   | 0.376          |
| 12 | Upper Deflector | 0.125inches $\pm$ 0.010        | 0.135<br>0.115   | 0.125          |
| 13 | Upper Deflector | 45.000Degrees $\pm$ 0.500      | 45.500<br>44.500 | 45° Angle      |
| 14 | Upper Deflector | 3.335inches $\pm$ 0.010        | 3.345<br>3.325   | 3.335          |
| 15 | Upper Deflector | 6.500inches $\pm$ 0.010        | 6.510<br>6.490   | 6.500          |

Plex 11/9/18 8:21 AM Dart.lajeunesse.marie



Container No: S129080



Part: 647.7610

Job No: 186055

Serial No/Batch: S129080

Revision:

Inspector:

Exp Date:

Instructions:

Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
CANADA  
TEL.: 1 813 632-5200  
Email: sales@dartaero.com  
www.dartaerospace.com

Date: 11/19/18



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|-------------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                                 |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                                 |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                    |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor<br>Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator<br>Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| <b>Root Cause</b>                                            |                                                | <b>FAULT CATEGORY</b>                                                                                                                                                              |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                                 |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                                 |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                                 |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                                 |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                                 |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                                 |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                                 |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                                 |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                                 |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                                 |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                                 |  |





Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# **PURCHASE ORDER** **PO041777**

**Supplier:** ATG001-VC  
A.T.G. Industries Inc  
731 INDUSTRIELLE ROAD  
ROCKLAND  
ON  
K4K 1T2 Canada  
Phone: 613-446-4544  
Fax: 613-446-4556

**Attention:** Lalande, Marc-Andre

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

**PO No:** PO041777  
**PO Date:** 11/20/18  
**Due Date:** 11/30/18  
**Purchase Order**  
**Revision:**  
**Revision Date:**  
**Ship-To Contact:** Phone:

**Via:** Ground  
**Pymt Terms:** Net 30  
**Freight Terms:**  
**Special Comments:**

## **Items**

| Line Item                 | Job    | Part        | Description                                                                                                                                                                                             | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|---------------------------|--------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| 1                         | 182705 | RBT400264-3 | Stand<br>-Issue P/O to ATG;<br>PO<br>-ANODIZE COLOR<br>RED, PER IAW MIL-A-<br>8625 TYPE-2 CLASS-2,<br>Water sealant<br>-Material type; 6061<br>-Certificate of<br>Conformity is required                | Firmed | -       | 11/23/18 | 6 pcs          | 0 pcs             | 6 pcs   | \$30.00/pcs      | \$180.00       |
| Line Item Note ** RUSH ** |        |             |                                                                                                                                                                                                         |        |         |          |                |                   |         |                  |                |
| 2                         | 186018 | 649.4813    | Shim<br>ISSUE<br>P/O:<br>As Per MPP-172<br>Section 2.1, Hard<br>Anodize IAW MIL-A-<br>8625, Type III, Class 2,<br>Color Black As Per<br>MPP-172 Section 4.2<br>Prime IAW MIL-P-<br>23377J Type1 Class N | Firmed | -       | 11/30/18 | 4 pcs          | 0 pcs             | 4 pcs   | \$11.25/pcs      | \$45.00        |
| 3                         | 186272 | 647.1514    | Upper Deflector<br>Issue P/O to ATG:                                                                                                                                                                    | Firmed | -       | 11/30/18 | 10 pcs         | 0 pcs             | 10 pcs  | \$17.05/pcs      | \$170.50       |
| Line Item Note ** ASAP ** |        |             |                                                                                                                                                                                                         |        |         |          |                |                   |         |                  |                |







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# **PURCHASE ORDER** **PO041777**

## **Items**

| Line Item       | Job    | Part     | Description                                                                                                                                                                                                                                                         | Status | Account | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|-----------------|--------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|---------|----------|----------------|-------------------|---------|------------------|----------------|
| 4               | 186055 | 647.7610 | Upper Deflector<br>Outsource process-<br>Anodize per QSI017<br>4.1.10.1<br>Issue P/O to ATG :<br>1- Black<br>Anodize as per Dwg<br>647.7600 2- PRIME AS<br>PER DWG, SEE NOTE<br>#7 (**DISREGARD<br>AFTER ASSEMBLY***)<br>Certification of<br>Comformity is required | Firmed | -       | 11/23/18 | 10 pcs         | 0 pcs             | 10 pcs  | \$17.05/pcs      | \$170.50       |
| 10X DEC 17 2018 |        |          |                                                                                                                                                                                                                                                                     |        |         |          |                |                   |         |                  |                |
| DAS 68 9-89     |        |          |                                                                                                                                                                                                                                                                     |        |         |          |                |                   |         |                  |                |

## **Order Notes**

Procurement Quality Clauses  
A005 right of entry  
A012 chemical and physical test report  
A016 personnel qualification  
A017 raw material identification (as applicable)

A022 Apical Processing  
A024 process certifications  
A026 certification of material conformance

A041 quality management system  
A042 dart notification by supplier  
A043 retention of quality documents

A048 counterfeit parts avoidance, detection, mitigation and disposition program

A049 supplier awareness

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

Plex 11/21/18 1:25 PM dart.tsimiklis.chrisoula







A.T.G. Industries Inc.  
731 Industrielle Street  
Rockland, ON K4K 1T2  
Canada

Ph: (613) 446-4544

Fax: (613) 446-4556

### Pack List

Number: 916785

Date: 13-Dec-18

#### To

Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

#### Ship To

Chrisoula Tsimiklis  
Dart Aerospace Ltd  
1270 Aberdeen St  
Hawkesbury, ON K6A 1K7

Ph: 613 632-9577

Fax: 613 632-1053

Ph: 613 632-9577

Fax: 613 632-1053

| Terms                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                 | Ship Via     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                 | ATG Delivery |  |
| Quantity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Description                                                                                                                                                                                                                                     |              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Please reference this document's Pack List number on all correspondences regarding this shipment. If you have any questions, please contact us.                                                                                                 |              |  |
| 10<br>ea                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Part: 647.7610<br>Upper Deflector<br>Hard Black Anodize per MIL-A-8625F, Type III, Class 2, .0005-.0045" (.5 - 4.5mils)<br>Prime per MIL-PRF-23377, Type I, Class N (Customer Supplied), .0006-.0009" (.6 - .9 mils) per drawing.<br>Job: 24173 | Rev: N/C     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | PO: PO041777                                                                                                                                                                                                                                    | Line: 4      |  |
| <p>CERTIFICATE OF CONFORMANCE<br/>A.T.G Industries Inc. certifies that all items in this shipment conform to the requirements.</p> <p>Date: <u>13/12/2018</u></p> <p>Certified Signature: <u>[Signature]</u></p> <p>Receiver Signature: _____</p> <p>A.T.G Industries Inc. is AS9100 Registered and Nadcap Chemical Processing Accredited.</p> <p>Note: This Packing Slip may contain parts that have been PLATED. Items that are plated may be subject to natural tarnishing and it is suggested that they be inspected within 24 hours of receipt.</p> |                                                                                                                                                                                                                                                 |              |  |

Made in Canada.

